

Attach Completed form, map(s) and photo log to Site Form

Comments on Back of form Yes\_\_\_\_ No\_\_\_\_

## HISTORIC PROPERTIES/CULTURAL SITES EMERGENCY POST-FIRE SITE INSPECTION RECORD

**SITE:** No: LA\_\_\_\_\_ Temp or other No: \_\_\_\_\_ Date of Inspection: \_\_\_\_\_  
Inspector(s) initials) \_\_\_\_\_ Crew Chief \_\_\_\_\_

### SITE DESCRIPTION

Site Type: Prehistoric \_\_\_\_\_ Historic Multi component \_\_\_\_\_ Other \_\_\_\_\_  
UTM (GPS) Z13 \_\_\_\_\_ E \_\_\_\_\_ N Elev: \_\_\_\_\_ USGS Quad: \_\_\_\_\_  
Features Present: \_\_\_\_\_  
\_\_\_\_\_

List wood/organics (if known to be present): \_\_\_\_\_  
Were they burned Y \_\_\_\_\_ N \_\_\_\_\_

**VANDALISM PRESENT:** YES \_\_\_\_ NO \_\_\_\_ If yes, Recent YES \_\_\_\_ NO \_\_\_\_ UNKNOWN \_\_\_\_

### SITE BURN SEVERITY

\_\_\_\_ Low (duff partially consumed, none to little ladder fuels burned, no canopy burned)  
\_\_\_\_ Moderate (duff consumed, ladder fuel burned, isolated crown burn or torching)  
\_\_\_\_ Severe (duff, ladder and crown completely consumed)  
Note: Map, photograph and describe affected areas of site

### FIRE EFFECTS AT SITE

	YES	NO
Crackling/spalling -----	_____	_____
Smoke/soot damage-----	_____	_____
Stump/root holes-----	_____	_____
Loss of architectural wood/features -----	_____	_____
Tree(s) on walls or rubble-----	_____	_____
Other _____		

**SUPPRESSION IMPACTS TO SITE:** YES \_\_\_\_ NO \_\_\_\_ Handline \_\_\_\_ Drop point/safety zone \_\_\_\_  
Dozer line \_\_\_\_ Retardant drop impact/staining \_\_\_\_ Mopup \_\_\_\_ Tree falling \_\_\_\_ Spike Camp \_\_\_\_ Safety \_\_\_\_  
Zone \_\_\_\_ Vegetation removal \_\_\_\_ Vehicle ruts \_\_\_\_  
Other \_\_\_\_\_  
\_\_\_\_\_

### EROSIONAL THREATS TO SITE: YES \_\_\_\_ NO \_\_\_\_

On site slope \_\_\_\_\_% Aspect \_\_\_\_\_o  
Site Watershed (to 20 m. out) Slope \_\_\_\_\_% Aspect \_\_\_\_\_o  
Erosion threat: Active gully/rilling/scouring (depth and extent) \_\_\_\_ Stumphole/burned log erosion \_\_\_\_  
Pedestaling \_\_\_\_ Duff absent \_\_\_\_  
Other \_\_\_\_\_  
\_\_\_\_\_

### RECOMMENDED PRESERVATION TREATMENT

\_\_\_\_ No Treatment Recommended  
\_\_\_\_ Monitor  
\_\_\_\_ treatment Recommended: if so, describe: (e.g. Directional falling, Straw bale, straw scatter, Excelsior matting, sandbag, etc.):  
\_\_\_\_\_  
\_\_\_\_\_

Additional comments on back Yes \_\_\_\_ No \_\_\_\_